STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013069	A. BUILDING: _____ B. WING _____	R-C 06/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES AT DEER CREEK	**401 EAST US 30 SCHERERVILLE, IN 46375**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00200080 completed on May 20, 2016. Complaint IN00200080 - Corrected Survey date: June 29, 2016 Facility number: 013069 Provider number: 013069 AIM number: N/A Residential Census: 108 Sample: 3 Residences at Deer Creek was found to be in compliance with 410 IAC 16.2-5 in regard to the Post Survey Revisit (PSR) to the Investigation of Complaint IN00200080. Quality review completed by 32883 on 6/30/16.	{R 000}		